Transport prose

Part A, Permit Frocess --- Internal Checklist

ID Number _	IANO73489288 Firm Name Norpley Div	· uop	Inc_	
Refer to	PHASE ONE	Indicate	•	Valid
Form No:	Interim Regulatory Requirements	your ini Yes	No No	Prmlg <u>Qate?</u>
1	T/S/D'Facility? (If No, return to respondent.)	<u>/</u> .	1	
3	Form 1 received?			
1	Form 3 received?			
1 & 3	Postmarked on or before November 19, 1980?	$\overline{}$		
3	Date of operation entered?			
3	Date of operation on or before November 19, 1980?	<u></u>		
Notif. record	Notifier?			
n n	Notified on or before August 18, 1980?	$\overline{\vee}$		
1	Form 1, XIII B signed?			
3	Form 3, IX B Signed?			
(If all ten Acknowledge	items above are initialed in the Yes column, genera ment and indicate the trigger date here:	te Interi EU 161	m Status 980)	E.
	PHASE TWO			
1	Unsure if regulated or non-regulated?			
3	New facility?			
1 & 3	Core items missing? If Yes, indicate which items:			
	Facility name; location; mail address; ope	rator inf	o;	
	<pre>certification; process info; waste info; o</pre>	wner;	sigs	
	PHASE THREE			
1 & 3	Non-core items missing? If Yes, indicate which ite	ms:		
	Maps; photos; drawings; lat/long			
	Other observations and comments:	×		
		Received	Date St	amp
DATE SENT BA	ACKR00330117 RCRA RECORDS CENTER	NON 1	z 1980	Autor
DATE RETURNE	D	(Stamp f	orms also	0)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII P. 0. BOX 15606 KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER

TADO73489288
MORPHEX DIVISION
NE COUNTY RD
POSTVILUE
1

FACILITY ADDRESS

52162

Please print or type in the unshaded area fill— a areas are spaced for elite type, i.	es only e, 12 ch ters/inch).			Form Approved OMB No. 15	8-R0175
PORM '	INVIRONMI	L INFORM	ATION AGENCY	I. EPA I.D. NUMBER	
SEPA	Consoli	dated Parmits Pr	naram	F 1A Do 7348	9288
GENERAL LIEUM	(Read the "Gener	al Instructions	before starting.)	GENERAL INSTRU	
I EPA I.D. NUMBER			//////	If a preprinted label has be it in the designated space, f ation carefully; if any of it	Review the Inform-
III. FACILITY NAME	(////			through it and enter the cappropriate fill—in area belothe the preprinted data is absent	w. Also, if any of
V MAILING ADDRESS	PLEASE PLACE	LABEL IN	THIS SPACE	left of the label space fist that should appear), please proper fill—in area(s) below	provide it in the w. If the label is
VI. FACILITY LOCATION				complete and correct, you items 1, iii, V, and Vi (a must be completed regard items if no label has been the instructions for detal tions and for the legal au	except VI-B which less). Complete all provided, Refer to led item descrip-
1111111	/////	1111		which this data is collected.	
II. POLLUTANT CHARACTERISTIC					
INSTRUCTIONS: Complete A throquestions, you must submit this for if the supplemental form is attached is excluded from permit requirement	m and the supplemental to	orm listed in the	parentnesis rollowing the qui	ese forms. You may enswer "no	" If your activity
SPECIFIC QUESTIO	AND STREET, ST	MARK'X'	NAME OF THE OWNER OF THE OWNER.	QUESTIONS	VES NO ATTACH
A. Is this facility a publicly own which results in a discharge to (FORM 2A)	ed treetment works	X	Inclinde a concentrated	(either existing or proposed) animal feeding operation or on facility which results in a	X
C. Is this a facility which currently to waters of the U.S. other tha	results in discharges in those described in	17	D is this a proposed facility	ry (other than those described have will result in a discharge to	20 20 21
E. Does or will this facility treat, hexardous wastes? (FORM 3)	TARROW TO STORY OF THE STORY AND THE STORY	* **	F. Do you or will you inje municipal effluent belo taining, within one gu	ct at this facility industrial or w the lowermost stratum con- larter mile of the well bore, drinking water? (FORM 4)	X
G. Do you or will you inject at this water or other fluids which are to in connection with conventional duction, inject fluids used for a oil or natural gas, or inject fluids are fluids.	orought to the surface oil or natural gas pro- enhanced recovery of a for storage of liquid	X	H. Do you or will you injected processes such as reprocesses solution mining	ct at this facility fluids for spe- nining of sulfur by the Fresch g of minerals, in situ combus- acovery of geothermal energy?	X
hydrocarbons? (FORM 4) I. Is this facility a proposed static one of the 28 industrial categoristructions and which will poter per year of any air pollutant Clean Air Act and may affect	onary source which is ories listed in the in- ntially emit 100 tons regulated under the	X 24	NOT one of the 28 incinstructions and which per year of any air pollu	sed stationary source which is dustrial categories listed in the will potentially emit 250 tons stant regulated under the Clean or be located in an attainment	X
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II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES ON FOR DESCRIBING OTHER PROCESSES (code "Tu-). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will hendle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

)TE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by are than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual

quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

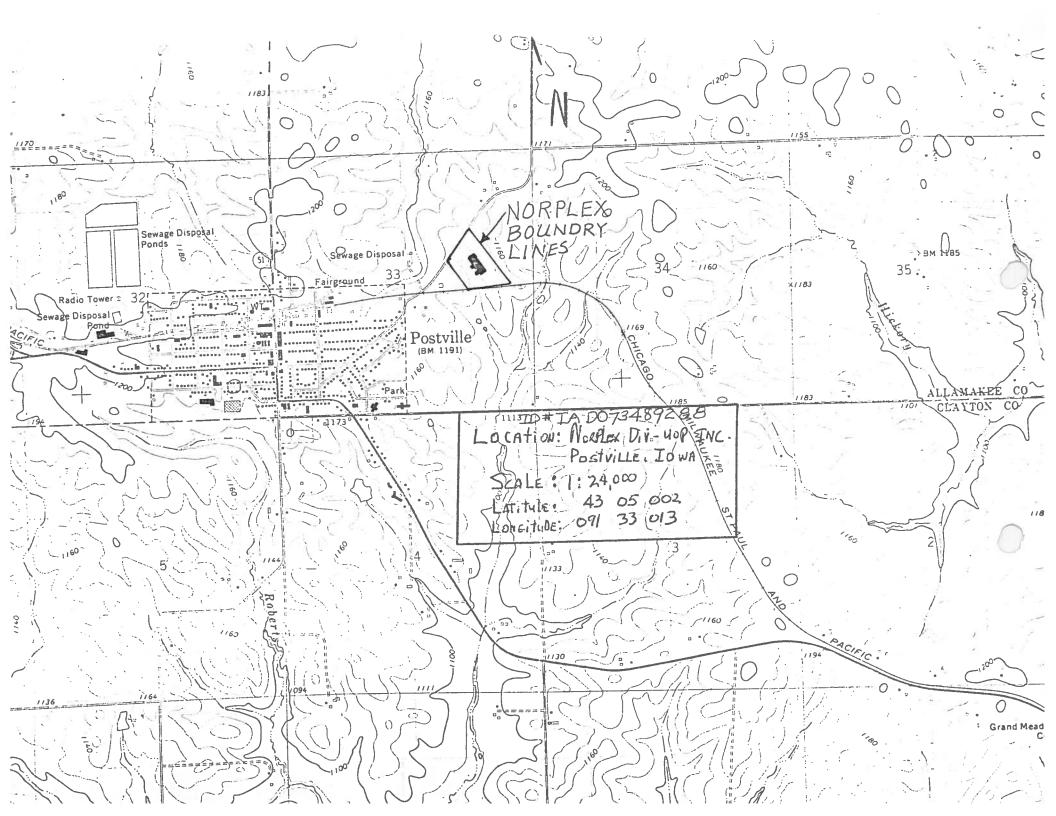
CAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds r year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes a corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 200 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

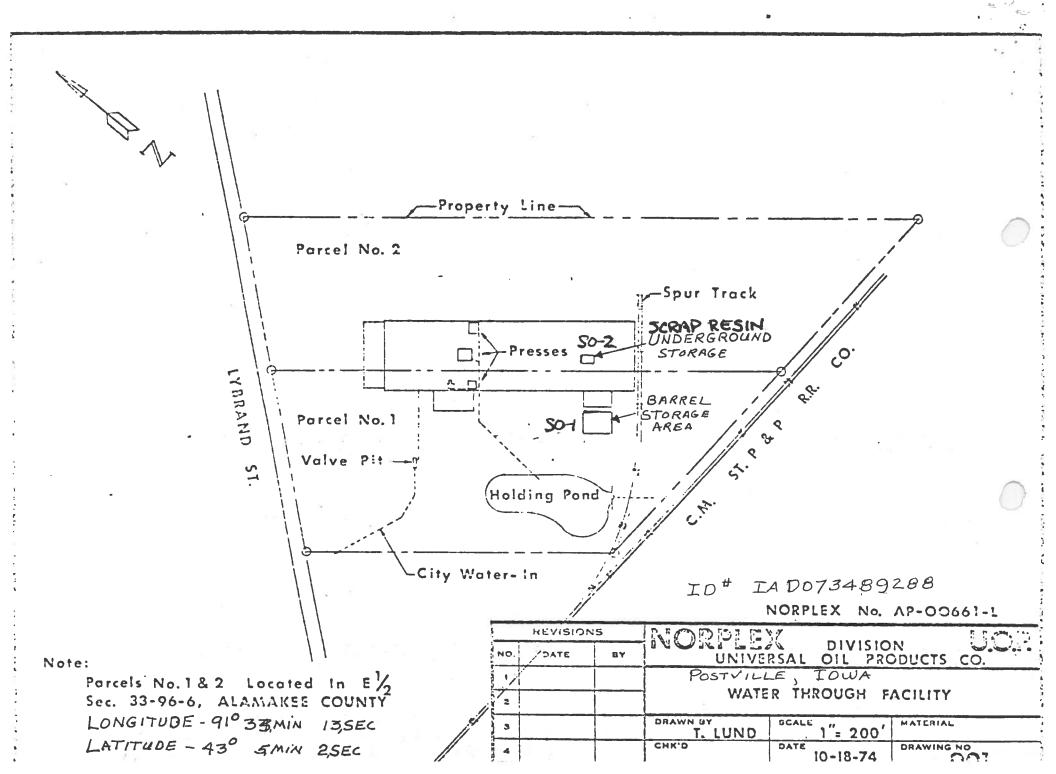
8		. E	EP#			C. UNIT				TR.					D. PROCESSES
NO.	WA	HAZARD. WASTENO (enter code)		D. 10	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter code)		1. PROCESS CODES (enter)		1. PROCESS CODES (enter)		g to the	2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
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-2	D	0	0	2	400 .	P	T	0	3	D	8	0			
ζ-3	D	0	0	1	100	P	T	0	3	D	8	0			
(-4	D	0	0	2	A section of the sect			1	I		1 1		11	I I	included with above
	1 000						J.	-	100	1		-			CONTINUE ON DAGE

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TADO	3489288 1		W	DUI		2 DUP
V. DESCRIPTI	ON OF HAZARDOUS WASTI	ES (conti			D. i	PROCESSES
HAZARD WASTENC (enter code	QUANTITY OF WASTE	OF MEA- SURE (enter code)		1. PROCESS COI (enter)	DES	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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2 4031	50	P	501			•
3 4069	100	P	501			
4 4154	500	P	501			
5 4159	50	P	501			
6 4220	500	P	501			
7 0002	2 /000	P	501			
8 F003	5000	P	501	502		
9 F 0 0 5	125,000	P	SOI	502		
10 D 00 1	8,000	p	501			, i- li
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25				1111	1 1	
26				117		
PA Form 3510-3			(1) - 129 (1) - 129	B - N N -	29 27 - 29	CONTINUE ON REVERSI

V. DESCRIPTION OF HAZARDOUS WA S (co	ntinued) CESS CODES FRO	M ITEM D(1) ON PA	2 3.	2000年	
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EPA I.D. NO. (enter from page 1)				,	
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/. FACILITY DRAWING All existing facilities must include in the space provided on	page 5 a scale drawing	g of the facility <i>(see instruc</i>	tions for more de	tail).	
I. PHOTOGRAPHS			THE REST	The second	
All existing facilities must include photographs (aer treatment and disposal areas; and sites of future sto					g storage,
II. FACILITY GEOGRAPHIC LOCATION		11.162.32.025.00			
LATITUDE (degrees, minutes, & second	s)	LONGIT	UDE (degrees, n	inutes, & secon	ds)
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III, FACILITY OWNER					
A. If the facility owner is also the facility operator as skip to Section IX below.	listed in Section VIII	on Form 1, "General Inform	nation", place an	"X" in the box	to the left and
B. If the facility owner is not the facility operator as	listed in Section VIII	on Form 1, complete the fo	ollowing items:		
1. NAME OF FACE	LITY'S LEGAL OWN	ER		2. PHONE N	O. (area code & no.)
-			Annual Road Set November 1		THIT
3. STREET OR P.O. BOX		4. CITY OR TOWN	5.	September 1985 Company of the Compan	ZIP CODE
-	Ġ	4,0117011101111			
W. OWNER GERTIEIGA WON	41 10 14		0.0	07	• 41
X. OWNER CERTIFICATION certify under penalty of law that I have personally	examined and am	familiar with the inform	ation submitte	d in this and a	all attached
locuments, and that based on my inquiry of those ubmitted information is true, accurate, and complete	individuals immedia	ately responsible for obtaining	aining the info	mation, I beli	ieve that the
cluding the possibility of fine and imprisonment.	ste. i am aware triat	triere are significant per	Tailles for Subii	nithiy taise iii	normation,
A. K. SIMONS	B. SIGNATURE	21/1:		DATE SIGNE	D
GROUP V.P UOP INC.	All	form	, 1	1-13-80	
OPERATOR CERTIFICATION			MICHAELE ETA		教育是1000000000000000000000000000000000000
certify under penalty of law that I have personally focuments, and that based on my inquiry of those submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	individuals immedia	ately responsible for obtaining	aining the info	rmation, I bel	ieve that the
A. NAME (print or type)	B. SIGNATURE		C	. DATE SIGNE	D
					ONTINUE ON PAGE

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Existing Plant Facilities



Scrap Resin Storage (empty barrels)

ID # DO 73489288 NORPLEX DIVISION, UOP INC. POSTVILLE, IOWA TADO73489288 Norplex Div. UNP Inc. 3/4/82

Photographs

Two photographs were turned over to Pedco for their review.

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